PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number 10735955 10735955 12/15/03

		CLAIMS AS		SMALL ENTITY			OTHER THAN					
_			(Column 1)		(Column 2)		TY	TYPE		OR	OR SMALL ENTIT	
TOTAL CLAIMS			&0					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		ВА	SIC FEE	385.00	OR	BASIC FEE	770.00
TC	TAL CHARGEA	BLE CLAIMS		nus 20≃	*			X\$ 9=		OR	X\$18=	
INE	EPENDENT CL	AIMS	3 mi	nus 3 =	*			X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT							-	+145 =		OR	+290=	
* If the difference in column 1 is less than zero, ent					"0" in c	olumn 2	Ī	OTAL		OR	TOTAL	770
	C	LAIMS AS A (Column 1)	PAR' (Colun		(Column 3)	s	MALL I	ENTITY	OR	OTHER SMALL E		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA	f	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	>	K\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		<u> </u>	;	X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							145=		OR	+290=	
								TOTAL DIT. FEE			TOTAL ADDIT. FEE	
	3.	(Column 1)		701	J11. 1 C.C.	,						
AMENDMENT B	·	CLAIMS REMAINING AFTER AMENDMENT		(Colur HIGH NUMI PREVIO PAID	EST BER DUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	>	(\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	;	X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1	145=		OR	+290=	
								TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus `	**		=	>	(\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
lacksquare	FIRST PRESE	NTATION OF M	JLTIPLE DEI	LTIPLE DEPENDENT				-		UH		
					#0 ⁸ :	L 0	L	145=		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
**	If the "Highest Nur	mber Previously Pa	aid For" IN THI	S SPACE is	s less tha	n 20, enter "20."	ADE	TOTAL DIT. FEE		OR		